

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Hawaii Republican Party

ADDRESS (number and street)

725 Kapiolani Boulevard

Suite 105

☐ Check if different than previously reported. (ACC)

Honolulu

HI

96813-6027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARCIA KLOMPUS

Signature of Treasurer

MARCIA KLOMPUS

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 24 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hawaii Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">18963.7</td></tr></table>	18963.7				
Y	Y	Y	Y	Y													
2012																	
18963.7																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">131449.32</td></tr></table>	131449.32															
131449.32																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">9344.47</td></tr></table>	9344.47					<table><tr><td colspan="5">404030.83</td></tr></table>	404030.83									
9344.47																	
404030.83																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">140793.79</td></tr></table>	140793.79					<table><tr><td colspan="5">422994.53</td></tr></table>	422994.53									
140793.79																	
422994.53																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">19660.12</td></tr></table>	19660.12					<table><tr><td colspan="5">301860.86</td></tr></table>	301860.86									
19660.12																	
301860.86																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">121133.67</td></tr></table>	121133.67					<table><tr><td colspan="5">121133.67</td></tr></table>	121133.67									
121133.67																	
121133.67																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0</td></tr></table>	0															
0																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">61663.35</td></tr></table>	61663.35															
61663.35																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hawaii Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2012

To:

M M	/	D D	/	Y Y Y Y
09		30		2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3550

94792.31

(ii) Unitemized

1249

139094.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4799

233886.66

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

0

5085

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

4799

238971.66

12. Transfers From Affiliated/Other

Party Committees.....

0

112344.78

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.09

10087.09

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

4544.38

42627.3

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

4544.38

42627.3

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

9344.47

404030.83

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

4800.09

361403.53

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	2556.21	23977.87
(ii) Non-Federal Share.....	4544.38	42627.32
(b) Other Federal Operating Expenditures	10941.32	233637.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18041.91	300242.65
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	1618.21	1618.21
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19660.12	301860.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15115.74	259233.54

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4799	238971.66
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4799	238971.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	13497.53	257615.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	13497.53	257615.33

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amended to correctly reclass 2 postage expenditures from Line 21(b) to Coordinated Party Expenditure Line 25.
(Check 1000 \$970.79 on 9/26/12 and Check 1001 \$647.42 on 9/28/12).

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Dennis Vaillancourt

Mailing Address 1350 Ala Moana Boulevard
Apt. 1707

City Honolulu State HI Zip Code 96814-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Air Force

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI10778798504c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

B. Beulah Olanolan

Mailing Address PO Box 1666

City Aiea State HI Zip Code 96701-7666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olsten Staffing

Occupation

Business Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI11047698544c

Amount of Each Receipt this Period

10

Full Name (Last, First, Middle Initial)

C. Dean Shimabukuro

Mailing Address 94-1174 Noheai Street

City Waipahu State HI Zip Code 96797-4145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tony Group

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI11067298534c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Charles Mizuta

Mailing Address 3205 Manoa Road

City

Honolulu

State

HI

Zip Code

96822-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI11082898606c

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

B. Cindy Clark

Mailing Address 4340 E. Waiola Loop

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer

A Clark Roofing

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI11099298545c

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

C. Mr. Harold Harrison Jr.

Mailing Address 95-409 Kaeolau Way

City

Milliani

State

HI

Zip Code

96789-6569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI11142998608c

Amount of Each Receipt this Period

20

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Mrs. Janice Pechauer

Mailing Address 4350 Halupa Street

City

Honolulu

State

HI

Zip Code

96818-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Interior Design Service, Inc

Occupation

Interior Designer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

842.43

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI1160898493c

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

B. Ms Lynne Hansen

Mailing Address 55-525 Naniloa Loop
Apt. B

City

Laie

State

HI

Zip Code

96762-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer

BYU, Hawaii

Occupation

Professor of Linguistics

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

608.31

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI11285298610c

Amount of Each Receipt this Period

20

Full Name (Last, First, Middle Initial)

C. Michael Sudlow

Mailing Address 54-229 Hauula Homestead Road

City

Hauula

State

HI

Zip Code

96717-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham Young University-HI

Occupation

Assistant Director of Admission

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI11308698492c

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 42

(check only one)

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Lei Anne Fagan

Mailing Address 95 Kaupea Street

City State Zip Code
 Makawao HI 96768

FEC ID number of contributing federal political committee.

C

Name of Employer

Hawaii DOE

Occupation

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : SA11AI11531298523c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

B. Lei Anne Fagan

Mailing Address 95 Kaupea Street

City State Zip Code
 Makawao HI 96768

FEC ID number of contributing federal political committee.

C

Name of Employer

Hawaii DOE

Occupation

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2012

Transaction ID : SA11AI11531298556c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C. Richard Rohr

Mailing Address 541 Ka Awakea Road

City State Zip Code
 Kailua HI 96734-3524

FEC ID number of contributing federal political committee.

C

Name of Employer

Department of Navy

Occupation

Traffic Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : SA11AI11543998495c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Kenneth Bayer

Mailing Address 68-3888 Lua Kula Street
Unit 1

City State Zip Code
Waikoloa HI 96738-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roberts

Occupation

Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11AI11557798590c

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

B. Mrs Marian Grey

Mailing Address 243 Ainahou Street

City State Zip Code
Honolulu HI 96825-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Hawaii

Occupation

Legislative Liason

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI-17144-98531-c

Amount of Each Receipt this Period

10

Full Name (Last, First, Middle Initial)

C. Mrs. Jean Murphy

Mailing Address PO Box 9049

City State Zip Code
Kailua Kona HI 96745-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clark Realty

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11AI-17688-98524-c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Ms K K Marignoli

Mailing Address 1010 Wilder Avenue
Apt. 402

City Honolulu State HI Zip Code 96822-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI-18699-98510-c

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

B. Mr Stewart Ring

Mailing Address 68-703 Crozier Drive

City Waialua State HI Zip Code 96791-9307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI-18708-98532-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

C. Stephen Holck

Mailing Address 1495 Kiukee Place

City Kailua State HI Zip Code 96734-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Househusband

Occupation

Househusband

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280

Date of Receipt

09 / 12 / 2012

Transaction ID : SA11AI-19657-98540-c

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Sally-DeFelice Clemens

Mailing Address PO Box 630028

City

Lanai City

State

HI

Zip Code

96763-0028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI-19952-98497-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

B. Ms. Beverly Toomey

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817-1074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caretaker/writer

Occupation

Caretaker for relative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.55

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI-20837-98529-c

Amount of Each Receipt this Period

15

Full Name (Last, First, Middle Initial)

C. Ms. Beverly Toomey

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817-1074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caretaker/writer

Occupation

Caretaker for relative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.55

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI-20837-98535-c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Beverly Toomey

Mailing Address 3539 Kahawalu Drive

City

Honolulu

State

HI

Zip Code

96817-1074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caretaker/writer

Occupation

Caretaker for relative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.55

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI-20837-98543-c

Amount of Each Receipt this Period

10

Full Name (Last, First, Middle Initial)

B. Ms Adrienne King

Mailing Address 1163 Kaeleku Street

City

Honolulu

State

HI

Zip Code

96825-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

King & King

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI-21088-98588-c

Amount of Each Receipt this Period

30

Full Name (Last, First, Middle Initial)

c. Dr. Judy Franklin

Mailing Address 1263 Alewa Drive
Apt. 7

City

Honolulu

State

HI

Zip Code

96817-1541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI-22241-98587-c

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Noela Nance

Mailing Address 4330 Piikea Place

City

Honolulu

State

HI

Zip Code

96818-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11AI-22412-98586-c

Amount of Each Receipt this Period

120

Full Name (Last, First, Middle Initial)

B. Linda Bruckner

Mailing Address 46-231 Heeia Street

City

Kaneohe

State

HI

Zip Code

96744-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11AI-23330-98496-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

C. Mr. Roger Godfrey

Mailing Address 2761 Laniloa Road

City

Honolulu

State

HI

Zip Code

96813-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI-23635-98514-c

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Ada Henne-Koene

Mailing Address 1831 Poipu Road
Apt. 912

City Koloa State HI Zip Code 96756-9429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI-25622-98552-c

Amount of Each Receipt this Period

10

Full Name (Last, First, Middle Initial)

B. Dr. Philip Hellreich

Mailing Address 225 Kuuhua Place

City Kailua State HI Zip Code 96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kailua Dermatology Associates,Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI-26870-98491-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C. Marie Ruhland

Mailing Address 28 Makakai Place

City Hilo State HI Zip Code 96720-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilo Medical Center

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI-27203-98539-c

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Mrs. Janice Hellreich

Mailing Address 225 Kuuhua Place

City

Kailua

State

HI

Zip Code

96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda Lingle Senate Committe

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4430

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI-27743-98505-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

B. Mrs. Janice Hellreich

Mailing Address 225 Kuuhua Place

City

Kailua

State

HI

Zip Code

96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda Lingle Senate Committe

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4430

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI-27743-98555-c

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

C. R Charles Vowell

Mailing Address 67-338 Kaiea Place

City

Waialua

State

HI

Zip Code

96791-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Refrigeration & Market Equipme

Occupation

Refrigeration contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI-28200-98528-c

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. David Chang

Mailing Address 1088 Bishop Street
Suite 2710

City Honolulu State HI Zip Code 96813-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wealthbridge Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI-28586-98537-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

B. Lisa Coluccio

Mailing Address 5949 Kalaniana'ole Highway
Apt. B

City Honolulu State HI Zip Code 96821-2357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI-28793-98494-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

C. Patricia Berg

Mailing Address PO Box 223504

City Princeville State HI Zip Code 96722-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI-29561-98500-c

Amount of Each Receipt this Period

10

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Mary Pratt-Sullivan

Mailing Address 469 Ena Road
Apt. 3604

City Honolulu State HI Zip Code 96815-1729

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI-30315-98554-c

Amount of Each Receipt this Period

30

Full Name (Last, First, Middle Initial)

B. Laakea Makanani

Mailing Address 796 Isenberg Street
Apt. 11C

City Honolulu State HI Zip Code 96826-2906

FEC ID number of contributing federal political committee.

C

Name of Employer

Destination America Inc.

Occupation

Operations/Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI-30330-98548-c

Amount of Each Receipt this Period

10

Full Name (Last, First, Middle Initial)

C. Nathan Paikai

Mailing Address 1263 Alewa Drive
Apt. 7

City Honolulu State HI Zip Code 96817-1541

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Minister

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI-30471-98583-c

Amount of Each Receipt this Period

20

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Andrew Walden

Mailing Address PO Box 61761

City

Honolulu

State

HI

Zip Code

96839-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2042.97

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI-30494-98549-c

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

B. Mr. Mark Torreano

Mailing Address 343 Hobron Lane
101

City

Honolulu

State

HI

Zip Code

96815-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI-30516-98550-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

C. Johnny McElree

Mailing Address 69-1000 Koea Kai Circle
Unit 7E

City

Waikoloa

State

HI

Zip Code

96738-6714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Century 21 All Islands

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI-30687-98547-c

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Mr Boyd Ready

Mailing Address 59-661 Alapio Road

City State Zip Code
Haleiwa HI 96712-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akahi Services

Occupation

landscaper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI-3261-98551-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

B. Mr Robert Mitchell Jr.

Mailing Address 19-4153 Iiwi St

City State Zip Code
Volcano HI 96785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI-613-98536-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

C. Elizabeth Dorn

Mailing Address 1132 19th Avenue

City State Zip Code
Honolulu HI 96816-4659

FEC ID number of contributing
federal political committee.

C

Name of Employer

East West Center

Occupation

Program Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI-91184-98558-c

Amount of Each Receipt this Period

20

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Carol White

Mailing Address 1516 Emerson Street #102

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11AI-952-98527-c

Amount of Each Receipt this Period

20

Full Name (Last, First, Middle Initial)

B. Ms. Carol White

Mailing Address 1516 Emerson Street #102

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11AI-952-98546-c

Amount of Each Receipt this Period

20

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

3550.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Nacia BlomMailing Address 1221 Victoria Street
Apt. 2704

City Honolulu State HI Zip Code 96814-1438

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : SB21B-107283-98579-e

Amount of Each Disbursement this Period

1962.2

Full Name (Last, First, Middle Initial)

B. ARENA COMMUNICATIONS LLC

Mailing Address 1780 Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104-5102

Purpose of Disbursement
Fundraising: Design and Print Mailers

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SB21B-104939-98567-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

C. EDWARD ENTERPRISES INC.

Mailing Address PO Box 30468

City Honolulu State HI Zip Code 96820-0468

Purpose of Disbursement
Administrative/Salary/Overhead: Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SB21B-105224-98568-e

Amount of Each Disbursement this Period

500

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2962.20

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. IPFS CorporationMailing Address 201 W North River Drive
Suite 301

City Spokane State WA Zip Code 99201-2262

Purpose of Disbursement
Liability insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 06 2012**Transaction ID : SB21B-115667-98570-e**

Amount of Each Disbursement this Period

147.9

Full Name (Last, First, Middle Initial)

B. Show & TellMailing Address 866 Iwilei Road
Suite 204

City Honolulu State HI Zip Code 96817-5387

Purpose of Disbursement
Professional Sound and Video Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 06 2012**Transaction ID : SB21B-115158-98566-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

C. UHAMailing Address 700 Bishop Street
Suite 300

City Honolulu State HI Zip Code 96813-4100

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 06 2012**Transaction ID : SB21B-115607-98565-e**

Amount of Each Disbursement this Period

352.9

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. UNISOURCEDIRECT

Mailing Address PO Box 82

City

Watertown

State

WI

Zip Code

53094-0082

Purpose of Disbursement

Data work and Postage For Mailer

Candidate Name

003

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

09

D D D /

06

Y Y Y Y Y Y

2012

Transaction ID : SB21B-106110-98623-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. Nacia BlomMailing Address 1221 Victoria Street
Apt. 2704

City

Honolulu

State

HI

Zip Code

96814-1438

Purpose of Disbursement

Reimbursement-Baggage Fee/Internet Access

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

09

D D D /

08

Y Y Y Y Y Y

2012

Transaction ID : SB21B-107283-98581-e

Amount of Each Disbursement this Period

119.7

Full Name (Last, First, Middle Initial)

C. HAWAII STATE TAX COLLECTOR

Mailing Address PO Box 3559

City

Honolulu

State

HI

Zip Code

96811-3559

Purpose of Disbursement

Payroll Tax

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

09

D D D /

12

Y Y Y Y Y Y

2012

Transaction ID : SB21B-105391-98576-e

Amount of Each Disbursement this Period

367.02

SUBTOTAL of Disbursements This Page (optional)..... ►

986.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. EFTPS

Mailing Address PO Box 173788

City State Zip Code
 Denver CO 80217-3788

Purpose of Disbursement
 Payroll Tax

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 09 / 14 / 2012

Transaction ID : SB21B-105225-98572-e

Amount of Each Disbursement this Period

1540.61

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1 PO Box

City State Zip Code
 Los Angeles CA 90096-0001

Purpose of Disbursement
 Merchant Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 09 / 17 / 2012

Transaction ID : SB21B-104925-98578-e

Amount of Each Disbursement this Period

6.26

C. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1 PO Box

City State Zip Code
 Los Angeles CA 90096-0001

Purpose of Disbursement
 Merchant Services Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 09 / 17 / 2012

Transaction ID : SB21B-104925-98615-e

Amount of Each Disbursement this Period

22.84

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1569.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Bank Of Hawaii

Mailing Address PO Box 2900

City	State	Zip Code
Honolulu	HI	96846-0001

Purpose of Disbursement
Bank Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SB21B-4-98577-e

Amount of Each Disbursement this Period

35.3

Full Name (Last, First, Middle Initial)

B. AMERICA ONLINE SERVICESMailing Address C/O FIRST USA BANK, NA
P.O. BOX 50882

City	State	Zip Code
HENDERSON	NV	89016

Purpose of Disbursement
Administrative/Salary/Overhead: Internet

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SB21B-104934-98571-e

Amount of Each Disbursement this Period

34.99

Full Name (Last, First, Middle Initial)

C. Nacia BlomMailing Address 1221 Victoria Street
Apt. 2704

City	State	Zip Code
Honolulu	HI	96814-1438

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SB21B-107283-98619-e

Amount of Each Disbursement this Period

1962.2

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2032.49

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 42

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. IMS, LLCMailing Address 46-001 Kamehameha Highway
Suite 301

City Kaneohe State HI Zip Code 96744-3777

Purpose of Disbursement
Accounting and Compliance Reporting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012**Transaction ID : SB21B-105483-98614-e**

Amount of Each Disbursement this Period

1653.14

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.Mailing Address 401 W 15th Street
Suite 520

City Austin State TX Zip Code 78701-1671

Purpose of Disbursement
Merchant Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012**Transaction ID : SB21B-106284-98618-e**

Amount of Each Disbursement this Period

76.06

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►1729.20
10855.73

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ALBANO & ASSOCIATES, INC.

Nature of Debt (Purpose):

Fundraising: Professional Services for Event

Mailing Address 748 Kokomo Place

City State

Zip Code

Honolulu

HI

96825-1603

Outstanding Balance Beginning This Period

2617.75

Transaction ID : SD10-DEBT96490

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2617.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ARENA COMMUNICATIONS LLC

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Finance
Charges

Mailing Address 1780 Sequoia Vista Circle

City State

Zip Code

Salt Lake City

UT

84104-5102

Outstanding Balance Beginning This Period

4736.67

Transaction ID : SD10-DEBT97083

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

4736.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ARENA COMMUNICATIONS LLC

Nature of Debt (Purpose):

Fundraising: Design and Print Mailers

Mailing Address 1780 Sequoia Vista Circle

City

State

Zip Code

Salt Lake City

UT

84104-5102

Outstanding Balance Beginning This Period

16069

Transaction ID : SD10-DEBT98637

Amount Incurred This Period

0

Payment This Period

500

Outstanding Balance at Close of This Period

15569

1) SUBTOTALS This Period This Page (optional)..... ►

22923.42

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 42

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ARENA COMMUNICATIONS LLC

Nature of Debt (Purpose):

Other: Finance Charge

Mailing Address 1780 Sequoia Vista Circle

City State

Zip Code

Salt Lake City

UT

84104-5102

Outstanding Balance Beginning This Period

319.97

Transaction ID : SD10-DEBT96528

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

319.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EAST MERIDIAN STRATEGIES LLC

Nature of Debt (Purpose):

Fundraising: Direct Mail

Mailing Address 219 E Taylor Run Parkway

City State

Zip Code

Alexandria

VA

22314-4944

Outstanding Balance Beginning This Period

7125.8

Transaction ID : SD10-DEBT96513

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

7125.8

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EAST MERIDIAN STRATEGIES LLC

Nature of Debt (Purpose):

Other: Direct Mail

Mailing Address 219 E Taylor Run Parkway

City

State

Zip Code

Alexandria

VA

22314-4944

Outstanding Balance Beginning This Period

953.25

Transaction ID : SD10-DEBT96539

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

953.25

1) **SUBTOTALS** This Period This Page (optional)..... ►

8399.02

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 42

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EAST MERIDIAN STRATEGIES LLC

Nature of Debt (Purpose):

Other: Telephone Fundraising

Mailing Address 219 E Taylor Run Parkway

City State

Zip Code

Alexandria

VA

22314-4944

Outstanding Balance Beginning This Period

428.45

Transaction ID : SD10-DEBT96498

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

428.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EDWARD ENTERPRISES INC.

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Printing

Mailing Address PO Box 30468

City State

Zip Code

Honolulu

HI

96820-0468

Outstanding Balance Beginning This Period

2000

Transaction ID : SD10-DEBT98634

Amount Incurred This Period

0

Payment This Period

500

Outstanding Balance at Close of This Period

1500

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAWAIIAN AIRLINES, INC.

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Airfare

Mailing Address PO Box 30008

City

State

Zip Code

Honolulu

HI

96820-0008

Outstanding Balance Beginning This Period

6.8

Transaction ID : SD10-DEBT96544

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

6.8

1) **SUBTOTALS** This Period This Page (optional)..... ►

1935.25

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RICOH AMERICAS CORPORATION

Nature of Debt (Purpose):

Administrative: Equipment Rental Copier

Mailing Address PO Box 4245

City State

Zip Code

Carol Stream

IL

60197-4245

Outstanding Balance Beginning This Period

1537

Transaction ID : SD10-DEBT98621

Amount Incurred This Period

0

Payment This Period

768.5

Outstanding Balance at Close of This Period

768.5

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RICOH AMERICAS CORPORATION

Nature of Debt (Purpose):

Administrative: Equipment Rental

Mailing Address PO Box 4245

City State

Zip Code

Carol Stream

IL

60197-4245

Outstanding Balance Beginning This Period

768.5

Transaction ID : SD10-DEBT97568

Amount Incurred This Period

0

Payment This Period

768.5

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RICOH AMERICAS CORPORATION

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Copier Meter Reading

Mailing Address PO Box 4245

City

State

Zip Code

Carol Stream

IL

60197-4245

Outstanding Balance Beginning This Period

389.85

Transaction ID : SD10-DEBT98401

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

389.85

1) SUBTOTALS This Period This Page (optional)..... ►

1158.35

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 42

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RICOH AMERICAS CORPORATION

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Equipment
Rental Copier

Mailing Address PO Box 4245

City State

Zip Code

Carol Stream

IL

60197-4245

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT98622

Amount Incurred This Period

768.5

Payment This Period

0

Outstanding Balance at Close of This Period

768.5

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNISOURCEDIRECT

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Direct Mail

Mailing Address PO Box 82

City State

Zip Code

Watertown

WI

53094-0082

Outstanding Balance Beginning This Period

5023.36

Transaction ID : SD10-DEBT96495

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

5023.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNISOURCEDIRECT

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Finance
Charge

Mailing Address PO Box 82

City

State

Zip Code

Watertown

WI

53094-0082

Outstanding Balance Beginning This Period

340.55

Transaction ID : SD10-DEBT97078

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

340.55

1) SUBTOTALS This Period This Page (optional)..... ►

6132.41

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNISOURCEDIRECT

Nature of Debt (Purpose):

Fundraising: Data work and Postage For Mailer

Mailing Address PO Box 82

City State

Zip Code

Watertown

WI

53094-0082

Outstanding Balance Beginning This Period

2223.8

Transaction ID : SD10-DEBT98636

Amount Incurred This Period

0

Payment This Period

500

Outstanding Balance at Close of This Period

1723.8

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNISOURCEDIRECT

Nature of Debt (Purpose):

Fundraising: Printing and Postage

Mailing Address PO Box 82

City State

Zip Code

Watertown

WI

53094-0082

Outstanding Balance Beginning This Period

9911.2

Transaction ID : SD10-DEBT96494

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

9911.2

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNITED AIRLINES

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Airfare

Mailing Address PO Box 66100

City

State

Zip Code

Chicago

IL

60666-0100

Outstanding Balance Beginning This Period

5923.92

Transaction ID : SD10-DEBT96538

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

5923.92

1) SUBTOTALS This Period This Page (optional)..... ►

17558.92

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 42

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Show & Tell

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Professional
Sound and Video ServicesMailing Address 866 Iwilei Road
Suite 204City State Zip Code
Honolulu HI 96817-5387

Outstanding Balance Beginning This Period

3934.03

Transaction ID : SD10-DEBT98635

Amount Incurred This Period

0

Payment This Period

500

Outstanding Balance at Close of This Period

3434.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

IPFS Corporation

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Liability
insuranceMailing Address 201 W North River Drive
Suite 301City State Zip Code
Spokane WA 99201-2262

Outstanding Balance Beginning This Period

269.85

Transaction ID : SD10-DEBT98570

Amount Incurred This Period

0

Payment This Period

147.9

Outstanding Balance at Close of This Period

121.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

3555.98

2) TOTALS This Period (last page this line number only)..... ►

61663.35

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

61663.35

SCHEDULE F (FEC Form 3X)
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 37 OF 42

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Hawaii Republican Party			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee Mailing Address City _____ State _____ ZIP Code _____	

Full Name (Last, First, Middle Initial) of Each Payee POSTMASTER			Purpose of Expenditure Coordinated Expenditure: Postage	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type
Mailing Address DOWNTOWN STATION 335 MERCHANT STREET			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM 09</div> <div style="border: 1px solid black; padding: 2px;">DD 26</div> <div style="border: 1px solid black; padding: 2px;">YYYY 2012</div> </div>	
City HONOLULU	State HI	Zip Code 96813	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">970.79</div>	
Name of Federal Candidate Supported Governor Linda Lingle	Office Sought:	<div style="display: flex;"> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: HI District: _____</div> </div>		
Aggregate General Election Expenditure for this Candidate ►			<div style="border: 1px solid black; padding: 2px; text-align: right;">1618.21</div> Transaction ID : SF-105896-98616-e	

Full Name (Last, First, Middle Initial) of Each Payee POSTMASTER			Purpose of Expenditure Coordinated Expenditure: Postage	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type
Mailing Address DOWNTOWN STATION 335 MERCHANT STREET			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM 09</div> <div style="border: 1px solid black; padding: 2px;">DD 27</div> <div style="border: 1px solid black; padding: 2px;">YYYY 2012</div> </div>	
City HONOLULU	State HI	Zip Code 96813	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">647.42</div>	
Name of Federal Candidate Supported Governor Linda Lingle	Office Sought:	<div style="display: flex;"> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: HI District: _____</div> </div>		
Aggregate General Election Expenditure for this Candidate ►			<div style="border: 1px solid black; padding: 2px; text-align: right;">1618.21</div> Transaction ID : SF-105896-98617-e	

Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type
Mailing Address			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
City	State	Zip Code	Amount <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate Supported	Office Sought:	<div style="display: flex;"> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: _____ District: _____</div> </div>		
Aggregate General Election Expenditure for this Candidate ►				

SUBTOTAL of Expenditures This Page (optional)..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">1618.21</div>
TOTAL This Period (last page this line number only)..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">1618.21</div>

SCHEDULE H1 (FEC Form 3X)**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Transaction ID : H1

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

_____ Presidential-Only Election Year (28% Federal)

☒ _____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 39 OF 42

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Hawaii Republican Party

NAME OF ACCOUNT
Hawaii Republican Party - State

DATE OF RECEIPT

M M / D D / Y Y Y Y
09 / 06 / 2012

TOTAL AMOUNT TRANSFERRED

4544.38

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

4544.38

Transaction ID : H3A-41156-23

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

4544.38

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

4544.38

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 40 OF 42

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) Central Pacific Bank		Transaction ID : H4-5-98580-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 135010					
City Honolulu	State HI	Zip Code 96801-5010			
Purpose of Disbursement: Mortgage				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
539.77			959.59		1499.36

B. Full Name (Last, First, Middle Initial) COMPLETE CAMPAIGNS.COM		Transaction ID : H4-105088-98561-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address A DIV OF ARISTOTLE INT'L INC. 205 PENNSYLVANIA AVE, SE					
City WASHINGTON	State DC	Zip Code 20003			
Purpose of Disbursement: Database				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
162			288		450

C. Full Name (Last, First, Middle Initial) OCEANIC TIME WARNER CABLE		Transaction ID : H4-105782-98560-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 30050					
City Honolulu	State HI	Zip Code 96820-0050			
Purpose of Disbursement: Cable and Internet				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.62			349.55		546.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
898.39		1597.14		2495.53

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	41	OF	42
FOR LINE 21a OF FORM 3X			

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) RICOH AMERICAS CORPORATION		Transaction ID : H4-105950-97568-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4245					
City Carol Stream	State IL	Zip Code 60197-4245			
Purpose of Disbursement: Equipement Rental				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
276.66			491.84		768.5

B. Full Name (Last, First, Middle Initial) RICOH AMERICAS CORPORATION		Transaction ID : H4-105950-98621-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4245					
City Carol Stream	State IL	Zip Code 60197-4245			
Purpose of Disbursement: Equipment rental Copier				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
140.35			249.5		389.85

C. Full Name (Last, First, Middle Initial) THE IMPERIAL PLAZA		Transaction ID : H4-105368-98575-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 711 Kapiolani Boulevard Suite 700					
City Honolulu	State HI	Zip Code 96813-5249			
Purpose of Disbursement: Maintenance & Utilities				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
979.4			1741.16		2720.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1396.41		2482.50		3878.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	42	OF	42
FOR LINE 21a OF FORM 3X			

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) HAWAIIAN TELCOM		Transaction ID : H4-105419-98574-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 30770					
City Honolulu	State HI	Zip Code 96820-0770			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 04 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
125.1			222.4		347.5

B. Full Name (Last, First, Middle Initial) RICOH AMERICAS CORPORATION		Transaction ID : H4-105950-98620-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4245					
City Carol Stream	State IL	Zip Code 60197-4245			
Purpose of Disbursement: Equipment rental Copier				Allocated Activity or Event Year-To-Date 55638.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 09 / 06 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
136.31			242.34		378.65

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
261.41		464.74		726.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2556.21	4544.38	7100.59